03/17/2011 14:03

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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example:If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines American Podiatric Medical Association Political Action Committee 9312 Old Georgetown Road ADDRESS (number and street) Check if different than previously Bethesda MD 20814 1698 reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** CITY A ZIPCODE A IS THIS NEW **AMENDED** C00008839 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Χ Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) 12-Day (c) Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12S) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Runoff (30R) Post -Election General (30G) Special (30S) Report for the: Termination Report (TER) in the Election on State of 02 0 1 2011 02 28 2011 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Dr. William Dabdoub, DPM Type or Print Name of Treasurer Electronically Filed by Dr. William Dabdoub, DPM 03 17 2011 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 12/2004) Only

FE6AN026

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

2/31

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name American Podiatric Medical Association Political Action Committee

D D [®]D 02 0 1 2011 0.2 28 2011 From: Report Covering the Period: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand 2011 ° 243863.33 January 1 (b) Cash on Hand at 332220.66 Begining of Reporting Period 50724.00 150407.63 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 382944.66 394270.96 6(a) and 6(c) for Column B) 7000.00 18326.30 Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 375944.66 375944.66 (subtract Line 7 from Line 6(d)) Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D)

X This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) 3 / 31

Write or Type Committee Name

American Podiatric Medical Association Political Action Committee

Report Covering the Period:

From: 0 2

D D 0

Y Y W Y 2 0 1 1

To:

м м 0 2 D D 28

Y Y Y Y 2 0 1 1

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Contributions (other than loans) From: (a) Individuals/Persons Other		
Than Political Committees (i) Itemized (use Schedule A)	37311.00	98237.33
(ii) Unitemized	13413.00	50844.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	50724.00	149081.33
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)(d) Total Contributions (add Lines	0.00	0.00
11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	50724.00	149081.33
Transfers From Affiliated/Other Party Committees	0.00	0.00
3. All Loans Received	0.00	0.00
Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
to Federal candidates and Other Political Committees	0.00	0.00
7. Other Federal Receipts (Dividends, Interest, etc.)	0.00	1326.30
. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	50724.00	150407.63
. Total Federal Receipts (subtract Line 18(c) from Line 19)	50724.00	150407.63

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)

of Disbursements

4/31

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
. Operating Expenditures: (a) Shared Federal/Non-Federal		
Activity (from Schedule H4)	0.00	0.00
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating	0.00	1000.00
Expenditures	0.00	1326.30
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))	0.00	1326.30
2. Transfers to Affiliated/Other Party		
Committees	0.00	0.00
Federal Candidates/Committeesand Other Political Committees	7000.00	17000.00
Independent Expenditure		
(use Schedule E)	0.00	0.00
Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
	0.00	0.00
Loan Repayments Made		
Loans Made	0.00	0.00
. Refunds of Contributions To: (a) Individuals/Persons Other	0.00	0.00
Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	0.00	0.00
(such as PACs)(d) Total Contribution Refunds	0.00	0.00
(add Lines 28(a), (b), and (c))	0.00	0.00
Other Dishuuraanset	0.00	0.00
O. Other Disbursements	0.00	0.00
Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
· ·	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add	0.00	0.00
Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
. Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	7000.00	18326.30
2. Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii)		
from Line 31)	7000.00	18326.30

DETAILED SUMMARY PAGE

of Disbursements

5 / 31 FEC Form 3X (Rev. 02/2003)

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	50724.00	149081.33
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	50724.00	149081.33
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	1326.30
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	1326.30

FE6AN026

ITEN	IEDULE A (FEC Form 3X) MIZED RECEIPTS	totomonto mo	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 31 (check only one) X 11a
or for o	commercial purposes, other than using the ME OF COMMITTEE (In Full) nerican Podiatric Medical Association	name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
A. Dr. Ma City Fo	ort Myers C ID number of contributing	State FL	Zip Code 33919-3413	Date of Receipt M M M
Na S.\ <u>S</u> p	me of Employer W. FL Ankle & Foot Care ecialists ceipt For: Primary General Other (specify)	Occupatio Podiatric	on c Physician e Year-to-Date ▼	
B. <u>Dr.</u>	Il Name (Last, First, Middle Initial) Michael H. Martin illing Address 1310 W. Broadway			Date of Receipt 0 2 0 1 2 0 1 1
		State OK	Zip Code 73703-5719	Transaction ID: 18896133 Amount of Each Receipt this Period 300.00
Se —	me of Employer If-Employed ceipt For: Primary General Other (specify)		on c Physician e Year-to-Date ▼ 300.00	
C. <u>Dr.</u>	Il Name (Last, First, Middle Initial) Kathleen M. Stone illing Address 18807 N. 42nd Ave.			Date of Receipt 0 2 0 3 2 2 0 1 1
FE	y endale C ID number of contributing leral political committee.	State AZ	Zip Code 85308-7527	Transaction ID: 18898403 Amount of Each Receipt this Period 1000.00
_	me of Employer underbird Footcare	Occupatio	n Physician	
Re	ceipt For: Primary General Other (specify) ▼	_	e Year-to-Date ▼ 1000.00	
CIND.	FOTAL of Receipts This Page (optional)	<u> </u>		1600.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7/31 (check only one) X 11a
A	ny information copied from such Reports and for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may ne name and addr	not be sold or used by any persess of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Podiatric Medical Associat	ion Political Ac	tion Committee	
	Full Name (Last, First, Middle Initial) Dr. Richard J. Egerman			Date of Receipt
	Mailing Address 9936 Grand Verde W	/ay		02 03 2011
	City	State	Zip Code	Transaction ID: 18898517
	Boca Raton	<u>FL</u>	33428-3526	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self-Employed	Occupation Podiatric F	Physician	
	Receipt For:	Aggregate \	Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	250.00	
_	Full Name (Last, First, Middle Initial) Dr. Amy B. Schunemeyer-Purdy			Date of Receipt
Mailing Address Foot Specialists of Ad 521 N. Lewis St. #A		cadiana		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 18898518
	New Iberia	LA	70563-2047	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1500.00
	Name of Employer Foot Specialists of Acadi- ana	Occupation Podiatric F	Physician	
	Receipt For:		Year-to-Date ▼	
	Primary General Other (specify) ▼		1500.00	
	Full Name (Last, First, Middle Initial) Dr. Thomas J. Ortenzio			Date of Receipt
	Mailing Address 2315 Freysville Rd.			02 03 2011
	City	State	Zip Code	Transaction ID: 18898521
	Red Lion	PA	17356-8263	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer Associated Foot & Ankle Specialists	Occupation Podiatric F		
	Receipt For: Primary General	Aggregate \	Year-to-Date ▼	_
	Other (specify) ▼		300.00	
Г	SUBTOTAL of Receipts This Page (optional)			2050.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8/31 (check only one) X 11a 11b 11c 12
Any information copied from such Reports and or for commercial purposes, other than using t	 Statements may not be sold or used by any pers he name and address of any political committee t	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Podiatric Medical Associa	tion Political Action Committee	
Full Name (Last, First, Middle Initial) Dr. Sanford Mason		Date of Receipt
Mailing Address 140 Deere Park Ct.		02 / 03 / 2011
City	State Zip Code	Transaction ID: 18898522
Highland Park	IL 60035-5309	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	2500.00
Name of Employer Self-Employed	Occupation Podiatric Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	
Full Name (Last, First, Middle Initial) Dr. David R. Kirlin		Date of Receipt
Mailing Address 2600 Thomas Trl.		0 2 0 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 18905208
<u>Gastonia</u>	NC 28054-4964	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Gaston Foot & Ankle Assoc- iates	Occupation Podiatric Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) Dr. Kenneth Paul Seiter, Jr.		Date of Receipt
Mailing Address 11534 Kings Way D	<i>′</i> .	0 2 0 8 2 0 1 1
City	State Zip Code	Transaction ID: 18905430
Fort Smith	AR 72916-8394	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Podiatric Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
		3250.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 31 (check only one) X
0	ny information copied from such Reports and for commercial purposes, other than using th	Statements ma e name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Podiatric Medical Associati	on Political A	Action Committee	
	Full Name (Last, First, Middle Initial) Dr. Robert M. Parks			Date of Receipt
	Mailing Address 12909 Arroyo De Vist	a N.E.		$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City	State	Zip Code	Transaction ID: 18905741
	Albuquerque	NM	87111-2905	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Lovelace Sandia Health Sy- stem	Occupation Podiatric	on c Physician	
	Receipt For:	Aggregate	e Year-to-Date	
	Primary General Other (specify) ▼		250.00	
_	Full Name (Last, First, Middle Initial) Dr. Gerard J. Kerbleski			Date of Receipt
Mailing Address 10105 Florence A		N.E.		0 2
	City	State	Zip Code	Transaction ID: 18905743
	Albuquerque	NM	87122-3911	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Podiatry Associates of NM		Physician	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	_
	Other (specify)		250.00	
	Full Name (Last, First, Middle Initial) Dr. James S. Comerford	1		Date of Receipt
	Mailing Address 43 River Ridge Rd.			0 2 0 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 18905745
	Little Rock	AR	72227-1525	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer AR Foot & Ankle Clinic	Occupation Podiatric	on c Physician	
	Receipt For:	Aggregate	e Year-to-Date ▼	_
	Primary General Other (specify) ▼	0 0	300.00	
Г	SUBTOTAL of Receipts This Page (optional) .			800.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 31 (check only one) X 11a
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Podiatric Medical Association	name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
∠ 4.	Full Name (Last, First, Middle Initial) Dr. Stephen H. Powless Mailing Address Park Nicollet Clinic 3900 Park Nicollet Blve	d.		Date of Receipt 0 2 0 8 2 0 1 1
	City	State	Zip Code	Transaction ID: 18907376
	Saint Louis Park	MN	55416-2620	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer Park Nicollet Clinic	Occupation Podiatric	on c Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	
3.	Full Name (Last, First, Middle Initial) Dr. Glenn B. Gastwirth Mailing Address 12401 Willow Green C	<u>'</u>		Date of Receipt
				02 09 2011
	City	State	Zip Code	Transaction ID: 18910849
	Potomac FEC ID number of contributing federal political committee.	C	20854-3044	Amount of Each Receipt this Period 1000.00
	Name of Employer American Podiatric Medical Association Receipt For:		on c Physician e Year-to-Date ▼	
	Primary General Other (specify) ▼	Aggregate	1000.00	
- ; <u>.</u>	Full Name (Last, First, Middle Initial) Dr. James N. Whipple			Date of Receipt
	Mailing Address 48 Val Halla Rd.			0 2 1 0 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 18912827
	Cumberland Center	ME	04021-4033	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer Self-Employed (ret)	Occupation Podiatric	on c Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	
	SUBTOTAL of Receipts This Page (optional)			1600.00
	TOTAL This Period (last page this line number	only)		

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 31 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Podiatric Medical Associa	d Statements may not be sold or used by any personant the name and address of any political committee to ation Political Action Committee	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Damien M. Dauphinee Mailing Address 2113 Winthrop Hill City Argyle FEC ID number of contributing federal political committee. Name of Employer Complete Foot & Ankle Care of N. TX Receipt For:	Rd. State Zip Code TX 76226-2103 C Occupation Podiatric Physician Aggregate Year-to-Date	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Primary General Other (specify) Full Name (Last, First, Middle Initial) Dr. Michael Joseph Cornelison Mailing Address 131 Anne Way	450.00	Date of Receipt
City Los Gatos FEC ID number of contributing federal political committee. Name of Employer Cupertino Podiatry Receipt For: Primary General	State Zip Code CA 95032-4010 C Occupation Podiatric Physician Aggregate Year-to-Date	Transaction ID: 18913233 Amount of Each Receipt this Period 1000.00
Full Name (Last, First, Middle Initial) Dr. Alvin J. Kanegis Mailing Address 78 Page Ln. City Westbury FEC ID number of contributing federal political committee.	State Zip Code NY 11590-6213	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer Self-Employed Receipt For: Primary General Other (specify) ▼	Occupation Podiatric Physician Aggregate Year-to-Date 300.00	
SUBTOTAL of Receipts This Page (optional	l)	1600.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 31 (check only one) X
C C	Any information copied from such Reports and sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may e name and add	not be sold or used by any personant of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Podiatric Medical Associati	on Political A	ction Committee	
۷.	Full Name (Last, First, Middle Initial) Dr. Michael A. Conway			Date of Receipt
	Mailing Address 892 N. Broadway			02 10 2011
	City	State	Zip Code	Transaction ID: 18913592
	North Massapequa	NY	11758-2352	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Massapequa Foot Care	Occupation Podiatric	n Physician	
	Receipt For:	Aggregate	Year-to-Date V	
	Primary General Other (specify) ▼	0 0	1000.00	
. –	Full Name (Last, First, Middle Initial) Dr. Ira H. Kraus			Date of Receipt
	Mailing Address 20 Dogwood Trl.			0 2 1 1 2 0 1 1
	City	State	Zip Code	Transaction ID: 18913747
	Ringgold	GA	30736-2725	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Advanced Foot Care	Occupation Podiatric	n Physician	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		1000.00	
_	Full Name (Last, First, Middle Initial) Dr. Frank A. Spinosa			Date of Receipt
	Mailing Address P.O. Box 1023			0 2 1 1 2 0 1 1
	City	State	Zip Code	Transaction ID: 18913756
	Shelter Island	NY	11964-1023	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Self Employed		Physician	
	Receipt For:	Aggregate	Year-to-Date ▼	_
	Primary General Other (specify) ▼	0 0	1000.00	
Γ	SUBTOTAL of Receipts This Page (optional) .	1		3000.00

Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Podiatric Medical Associat Full Name (Last, First, Middle Initial) Dr. Robin C. Ross Mailing Address Shelter Island Podiat 2A Hudson Ave., P.C	ie name and ad	dress of any political committee t	son for the purpose of soliciting contributions o solicit contributions from such committee. Date of Receipt
Full Name (Last, First, Middle Initial) Dr. Robin C. Ross Mailing Address Shelter Island Podiat 2A Hudson Ave., P.C	ry . Box 1023	Action Committee	Date of Receipt
Dr. Robin C. Ross Mailing Address Shelter Island Podiat 2A Hudson Ave., P.C	. Box 1023		Date of Receipt
2A Hudson Ave., P.C	. Box 1023		— · · · · · · · · · · · · · · · · · · ·
	State		02 11 2011
City		Zip Code	Transaction ID: 18913757
Shelter Island	NY	11964-1023	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Shelter Island Podiatry	Occupation Podiatric	n : Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Troy David Zimbelman			Date of Receipt
Mailing Address 121 E. Poplar St.			0 2 1 1 2 0 1 1
City	State	Zip Code	Transaction ID: 18913761
Prattville	AL	36066-3638	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Self-Employed	Occupation Podiatric	n : Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. David C. Schleichert			Date of Receipt
Mailing Address 31524 Lowry Cir.			02 11 2011
City	State	Zip Code	Transaction ID: 18913763
Cushing FEC ID number of contributing	C	56443-2087	Amount of Each Receipt this Period 500.00
federal political committee. Name of Employer Self-Employed	Occupation	n	
		Physician	_
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)			1500.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 31 (check only one) X
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Podiatric Medical Associa	the name and add	dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Nathan D. Ivey Mailing Address 6912 Kalgan Rd. N.	E.		Date of Receipt
City Rio Rancho FEC ID number of contributing	State NM	Zip Code 87144-3529	Transaction ID: 18913768 Amount of Each Receipt this Period
Federal political committee. Name of Employer New Mexico Foot & Ankle Institute Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	 	n Physician • Year-to-Date ▼ 250.00	150.00
Full Name (Last, First, Middle Initial) Dr. Edward F. Cosentino Mailing Address 3087 Olde Winter T	rl.		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 18913843
Poland	OH	44514-2871	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		300.00
Name of Employer Self-Employed	Occupation Podiatric	n Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Dr. Jodie Noll Sengstock	'		Date of Receipt
Mailing Address 49450 Hudson Dr.			02 14 2011
City	State	Zip Code	Transaction ID: 18914194
Canton FEC ID number of contributing federal political committee.	C	48188-1979	Amount of Each Receipt this Period 500.00
Name of Employer Self-Employed	Occupation Podiatric	n Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)		950.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 31 (check only one) X
A or	ny information copied from such Reports and for commercial purposes, other than using th	Statements may not be sold or used by any pe e name and address of any political committe	erson for the purpose of soliciting contributions e to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Podiatric Medical Associati	on Political Action Committee	
	Full Name (Last, First, Middle Initial) Dr. Troy James Boffeli		Date of Receipt
	Mailing Address 2648 Town Lake Dr.		02 14 2011
	City Woodbury	State Zip Code MN 55125-8702	Transaction ID: 18914211
	FEC ID number of contributing federal political committee.	MN 55125-8702	Amount of Each Receipt this Period 250.00
	Name of Employer Self-Employed	Occupation Podiatric Physician	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 250.00	
	Full Name (Last, First, Middle Initial) Dr. Barry Saffran Mailing Address 5949 Farview Woods	Date of Receipt	
	Walling Address 5949 Faivlew Woods	02 16 2011	
	City	Transaction ID: 18918587	
	Fairfax Station	VA 22039-1426	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	300.00
	Name of Employer Center for Foot & Ankle Care. P.C.	Occupation Podiatric Physician	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	300.00	
	Full Name (Last, First, Middle Initial) Dr. Lawrence Kassan		Date of Receipt
	Mailing Address 46 Partridge Ln.		0 2 1 6 2 0 1 1
	City	State Zip Code	Transaction ID: 18918589
	Cherry Hill	NJ 08003-1948	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	150.00
	Name of Employer Self-Employed	Occupation Podiatric Physician	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	300.00	
Г			700.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	ζ)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16/31 (check only one) X 11a
Any information copied from such Reports an or for commercial purposes, other than using	nd Statements may the name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions oscilcit contributions from such committee.
NAME OF COMMITTEE (In Full) American Podiatric Medical Associa	ation Political A	action Committee	
Full Name (Last, First, Middle Initial) Dr. Mark M. Schilansky			Date of Receipt
Mailing Address 181 Elting Rd.			02 16 2011
City Catskill	State NY	Zip Code 12414-6731	Transaction ID: 18918590
FEC ID number of contributing federal political committee.	C	12414-0731	Amount of Each Receipt this Period 500.00
Name of Employer Self-Employed	Occupation Podiatric	n Physician	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Egidio Montanile	Date of Receipt		
Mailing Address Podiatry Center, P.S. P.O. Box 19657	0 2 1 6 2 0 1 1		
City	Transaction ID: 18918592		
San Juan FEC ID number of contributing federal political committee.	PR	00910-2604	Amount of Each Receipt this Period 300.00
Name of Employer Podiatry Center, P.S.C.	Occupation	n Physician	
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Dr. Paul Kinberg			Date of Receipt
Mailing Address 6023 Gentle Knoll L	0 2 1 6 2 0 1 1		
City Dallas	State TX	Zip Code 75248-2122	Transaction ID: 18918593
FEC ID number of contributing federal political committee.	C	73240*2122	Amount of Each Receipt this Period
Name of Employer Self-Employed	Occupation Podiatric	n Physician	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optiona			1800.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 31 (check only one) X 11a 11b 11c 12 13 14 15 16		
Any information copied from such Reports or for commercial purposes, other than usin NAME OF COMMITTEE (In Full) American Podiatric Medical Associations (In Full)	and Statements may not be sold or used by any persong the name and address of any political committee to ciation Political Action Committee			
Full Name (Last, First, Middle Initial) Dr. Adam C. Brown Mailing Address 5158 Timber Race City	e Course State Zip Code	Date of Receipt M M		
Hollywood FEC ID number of contributing federal political committee.	SC 29449-5969	Amount of Each Receipt this Period 300.00		
Name of Employer Carolina Foot Specialists Receipt For: Primary General Other (specify) ▼	Occupation Podiatric Physician Aggregate Year-to-Date 300.00			
Full Name (Last, First, Middle Initial) Dr. William Scott Newcomb Mailing Address 318 Spalding Rd.	Dr. William Scott Newcomb			
City Wilmington	State Zip Code DE 19803-2422	Transaction ID: 18918596 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee. Name of Employer Brandywine Podiatry	Occupation	300.00		
Receipt For: Primary General Other (specify)	Podiatric Physician Aggregate Year-to-Date ▼ 300.00			
Full Name (Last, First, Middle Initial) Dr. G. Trent Smith Mailing Address 7013 N. Spoon Te	er.	Date of Receipt 0 2 1 7 2 0 1 1		
City	State Zip Code	Transaction ID: 18918598		
Edmond FEC ID number of contributing federal political committee.	OK 73025-1871	Amount of Each Receipt this Period 1000.00		
Name of Employer Self-Employed	Occupation Podiatric Physician			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00			
SUBTOTAL of Receipts This Page (option	nal)	1600.00		

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 31 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports a or for commercial purposes, other than usin NAME OF COMMITTEE (In Full) American Podiatric Medical Associations (In Full)	and Statements may not be sold or used by any pers g the name and address of any political committee to station Political Action Committee	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Phillip E. Ward Mailing Address 2321 Timberlane [State Zip Code	Date of Receipt 0 2 1 7 2 0 1 1 Transaction ID: 18918752
FIOrence FEC ID number of contributing federal political committee.	SC 29506-8338	Amount of Each Receipt this Period 500.00
Name of Employer Carolina Health Care Receipt For: Primary General Other (specify) ▼	Occupation Podiatric Physician Aggregate Year-to-Date 500.00	
Full Name (Last, First, Middle Initial) Dr. Jeffrey R. DeSantis Mailing Address 2611 Circle Dr.	Date of Receipt 0 2 1 8 2 0 1 1	
City	State Zip Code	Transaction ID: 18919233
Newport Beach	CA 92663-5616	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Self-Employed	Occupation Podiatric Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Ronald D. Jensen	Date of Receipt	
Mailing Address Sutter Gould Medi 600 Coffee Rd.	02 18 2011	
City <u>Modesto</u>	State Zip Code CA 95355-4201	Transaction ID: 18919545 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Sutter Gould Medical Foundation Possint For:	Occupation Podiatric Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
	nal)	2000.00

Γ	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 31 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Podiatric Medical Association	e name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
∠ A .	Full Name (Last, First, Middle Initial) Dr. James Q. McClelland			Date of Receipt
	Mailing Address 2002 12th Ave N.W. #	ŧF		0 2 1 8 2 0 1 1
	City Ardmore	State OK	Zip Code 73401-1206	Transaction ID: 18919596 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		300.00
	Name of Employer Self-Employed	Occupatio Podiatric	n : Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	
В.	Full Name (Last, First, Middle Initial) Dr. David G. Edwards Mailing Address 1651 Saddle Hill Dr.	Date of Receipt 0 2 1 8 2 0 1 1		
	City	State	Zip Code	Transaction ID: 18919597
	Logan FEC ID number of contributing federal political committee.	C	84321-4828	Amount of Each Receipt this Period 1000.00
	Name of Employer Self-Employed	Occupatio Podiatric	n : Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
_ C.	Full Name (Last, First, Middle Initial) Dr. R. Daniel Davis Mailing Address 450 Clement Ln.			Date of Receipt 0 2 1 8 2 0 1 1
	City	State	Zip Code	Transaction ID: 18919598
	Orange FEC ID number of contributing federal political committee.	CT	06477-2803	Amount of Each Receipt this Period 1000.00
	Name of Employer Self-Employed	Occupatio Podiatric	n : Physician	
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 1000.00	
Г		1		

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions for for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (in Full) An anican Podiatric Medical Association Political Action Committee Full Name (Last, First, Middle Initial) Dr. Robert T-Hoover, II Mailing Address Foot & Ankle Associates of FL 661 E. Altamonte Dr. #210 City State Zip Code Altamonte Springs FEC ID number of contributing federal political committee. C Cocupation Podiatric Physician Receipt For: Poinary General Other (specify) ▼ Aggregate Year-to-Date ▼ Podiatric Physician FEC ID number of contributing federal political committee. C Date of Receipt II Transaction ID: 18919603 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. C Date of Receipt Date of Receipt Transaction ID: 18919603 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. C Solitic Physician Receipt For: Primary Primary General Other (specify) ▼ C State Zip Code Transaction ID: 18919603 Amount of Each Receipt this Period Date of Receipt Transaction ID: 18919603 Transaction ID: 18919603 Amount of Each Receipt this Period Date of Receipt Transaction ID: 18919603 Transaction ID: 18919603 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. C Date of Receipt Transaction ID: 18919603 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. C Date of Receipt Transaction ID: 18919603 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. C Date of Receipt Transaction ID: 18919603 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Receipt For: Primary Primary Receipt For: Primary Primary Primary Receipt For: Primary Pr	SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 31 (check only one) X		
Date of Receipt Date of R	or for commercial purposes, other than usin NAME OF COMMITTEE (In Full)	g the name and add	dress of any political committee to	on for the purpose of soliciting contributions		
Altamonte Springs	Dr. Robert T. Hoover, II Mailing Address Foot & Ankle Associated From the Foot & Ankle Associated From the Foot & Foot & Ankle Associated From the Foot & Foot & Explain From the From the Foot & Explain From the Foot & Explain From the Foot & Explain From the Foot	Dr. #210	Zip Code	0 2 1 8 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
of FL Receipt For:	FEC ID number of contributing		·	Amount of Each Receipt this Period		
Date of Receipt Mailing Address 5702 Indian Trl. City State Zip Code TX 77057-1305 FEC ID number of contributing federal political committee. Name of Employer Spring Branch Podiatry Primary Other (specify) ▼ C State Zip Code TX 77057-1305 Amount of Each Receipt this Period Podiatric Physician Aggregate Year-to-Date ▼ Date of Receipt M M D D D D D D D D D D D D D D D D D	of FL Receipt For: Primary General	Podiatric	Physician Year-to-Date ▼			
City State Zip Code TX 77057-1305 FEC ID number of contributing federal political committee. Name of Employer Spring Branch Podiatry Primary General Other (specify) ▼ City State Zip Code TX 77057-1305 Aggregate Year-to-Date ▼ Pull Name (Last, First, Middle Initial) Dr. Jay D. Lifshen Mailing Address 5706 Windmier Cir. City State Zip Code Dallas TX 75252-5007 FEC ID number of contributing federal political committee. Name of Employer S.W. Podiatry Associates Receipt For: Primary General Occupation Podiatric Physician Aggregate Year-to-Date ▼ Occupation Podiatric Physician Aggregate Year-to-Date ▼ 1000.00	Dr. Ronald A. Robins	M M / D D / Y Y Y Y				
FEC ID number of contributing federal political committee. Name of Employer Spring Branch Podiatry Receipt For: Primary General Other (specify) ▼ Pall Name (Last, First, Middle Initial) Dr. Jay D. Lifshen Mailing Address 5706 Windmier Cir. City State Zip Code TX 75252-5007 FEC ID number of contributing federal political committee. Name of Employer S.W. Podiatry Associates Receipt For: Name of Employer S.W. Podiatry Associates Receipt For: Date of Receipt M M M M D D B M 2 2 0 1 1 Transaction ID: 18919604 Amount of Each Receipt this Period C Doccupation Podiatric Physician Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00	City					
Spring Branch Podiatry Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Jay D. Lifshen Mailing Address 5706 Windmier Cir. City State Zip Code Dallas TX 75252-5007 FEC ID number of contributing federal political committee. Name of Employer S.W. Podiatry Associates Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00	FEC ID number of contributing		77057-1305			
Primary General Other (specify) ▼ 300.00 Full Name (Last, First, Middle Initial) Dr. Jay D. Lifshen Mailing Address 5706 Windmier Cir. City State Zip Code Dallas TX 75252-5007 FEC ID number of contributing federal political committee. Name of Employer S.W. Podiatry Associates Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00	Name of Employer Spring Branch Podiatry					
Dr. Jay D. Lifshen Mailing Address 5706 Windmier Cir. City State Zip Code Dallas TX 75252-5007 FEC ID number of contributing federal political committee. Name of Employer S.W. Podiatry Associates Receipt Transaction ID: 18919604 Amount of Each Receipt this Period 1000.00 Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ 1000.00	Primary General	Aggregate				
City Dallas TX 75252-5007 FEC ID number of contributing federal political committee. Name of Employer S.W. Podiatry Associates Receipt For: Primary General Other (specify) ▼ State Zip Code TX 75252-5007 Amount of Each Receipt this Period 1000.00 C 1000.00	Dr. Jay D. Lifshen					
Dallas TX 75252-5007 FEC ID number of contributing federal political committee. C 1000.00 Amount of Each Receipt this Period 1000.00 1000.00 Amount of Each Receipt this Period 1000.00 1000	Mailing Address 5706 Windmier Ci	r.				
FEC ID number of contributing federal political committee. Name of Employer S.W. Podiatry Associates Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00	-		·			
Receipt For: Primary Other (specify) Aggregate Year-to-Date 1000.00	FEC ID number of contributing		75252-5007			
Primary General Other (specify) ▼ 1000.00	Name of Employer S.W. Podiatry Associates					
SUBTOTAL of Receipts This Page (optional)	Primary General	Aggregate				
SOBTOTAL OF Necepts This Fage (optional)	SUBTOTAL of Receipts This Page (option	nal)		1600.00		

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 31 (check only one) X 11a 11b 11c 12 13 14 15 16
0	ny information copied from such Reports and r for commercial purposes, other than using the	Statements mage name and add	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Podiatric Medical Associati	on Political A	Action Committee	
	Full Name (Last, First, Middle Initial) Dr. James W. Rust, III			Date of Receipt
	Mailing Address 94 N. Beach St.			02 18 2011
	City	State	Zip Code	Transaction ID: 18919605
	Ormond Beach	FL	32174-5637	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self-Employed	Occupatio Podiatric	n : Physician	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	500.00	
	Full Name (Last, First, Middle Initial) Dr. Jason L. Seiter	Date of Receipt		
	Mailing Address 6224 Gordon Ln.	M M / D D / Y Y Y Y Y Y Y Y Y 1 1 8 2 0 1 1		
	City	State	Zip Code	Transaction ID: 18919607
	Fort Smith	AR	72903-2633	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self-Employed	Occupatio Podiatric	n : Physician	
	Receipt For:	Aggregate	e Year-to-Date ▼	_
	Primary General Other (specify) ▼		500.00	
_	Full Name (Last, First, Middle Initial) Dr. Brian W. Cornell	Date of Receipt		
	Mailing Address 3 Algonquin Dr.	02 18 2011		
	City	State	Zip Code	Transaction ID: 18919609
	Middletown	RI	02842-4573	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			300.00
	Name of Employer Self-Employed	Occupatio Podiatric	n : Physician	
	Receipt For:	Aggregate	e Year-to-Date ▼	_
	Primary General Other (specify) ▼	0 0	300.00	
Γ	SUBTOTAL of Receipts This Page (optional) .	1		1300.00

SCHEDULE A (FEC Form 3: ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22/31 (check only one) X 11a
Any information copied from such Reports a or for commercial purposes, other than using	and Statements may	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions oscilicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Podiatric Medical Assoc	<u> </u>		
Full Name (Last, First, Middle Initial) Dr. Lyndon G. Johansen			Date of Receipt
Mailing Address 2025 S.W. Daybre	02 18 2011		
City Troutdale	State OR	Zip Code 97060-4468	Transaction ID: 18919610 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	37000 4400	300.00
Name of Employer Self-Employed	Occupation Podiatric	n Physician	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Dr. Thomas S. Murray	Date of Receipt		
Mailing Address 10812 S.E. 3rd St.	0 2 1 8 2 0 1 1		
City	State	Zip Code	Transaction ID: 18919611
Midwest City	OK	73130-5104	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Self-Employed	Occupation Podiatric	n Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Mickey D. Stapp			Date of Receipt
Mailing Address Augusta Foot & Ankle 4350 Towne Centre Dr. #3000			02 18 2011
City Evans	State GA	Zip Code 30809-3326	Transaction ID: 18919612
FEC ID number of contributing federal political committee.	C	30009-3320	Amount of Each Receipt this Period 300.00
Name of Employer Augusta Foot & Ankle	Occupation Podiatric	n Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	
SUBTOTAL of Receipts This Page (option			1100.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 23 / 31 (check only one) X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Podiatric Medical Association	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Dr. Robert R. Bier Mailing Address 16 Monica Dr. City Edison FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For:	, '	Zip Code 08820-3224 In E Physician E Year-to-Date ▼	Date of Receipt M M D D Y Y Y Y Y Y Y Y
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Kevan R. Kreitman Mailing Address 1409 Pierce St.	0 0	300.00	Date of Receipt
City Birmingham FEC ID number of contributing federal political committee. Name of Employer Shores Podiatry Associates Receipt For: Primary General Other (specify) ▼		Zip Code 48009-1773 nn s Physician e Year-to-Date 1000.00	Transaction ID: 18919615 Amount of Each Receipt this Period 1000.00
Full Name (Last, First, Middle Initial) Dr. Scott M. Soulier Mailing Address 10281 S. 1000 W. City South Jordan FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify)		Zip Code 84095-8826 In Sephysician Be Year-to-Date ▼ 300.00	Date of Receipt M M D D Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number			1600.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	ζ)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24/31 (check only one) X 11a
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may the name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Podiatric Medical Associa	ation Political A	action Committee	
Full Name (Last, First, Middle Initial) Dr. Blake Odell Zobell			Date of Receipt
Mailing Address 855 N. 225 W.			02 18 2011
City Richfield	State UT	Zip Code 84701-1775	Transaction ID: 18919618 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-Employed	Occupation Podiatric	n : Physician	
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Gary F. Stones	Date of Receipt		
Mailing Address 134 Hayes St.	0 2 1 8 2 0 1 1		
City	State NY	Zip Code	Transaction ID: 18919620
Garden City FEC ID number of contributing federal political committee.	C	11530-1001	Amount of Each Receipt this Period 500.00
Name of Employer Self-Employed	Occupation	n : Physician	
Receipt For: Primary General Other (specify) ▼	- ' -	e Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. John H. Buchan			Date of Receipt
Mailing Address 129 Willow Brook V	0 2 1 8 2 0 1 1		
City Delaware	State OH	Zip Code 43015-3860	Transaction ID: 18919632
FEC ID number of contributing federal political committee.	C	43013-3800	Amount of Each Receipt this Period
Name of Employer Self-Employed	Occupation Podiatric	n : Physician	
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional	.0		1750.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Κ)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 25/31 (check only one) X 11a
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may the name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Podiatric Medical Associa	ation Political A	ction Committee	
Full Name (Last, First, Middle Initial) Dr. Robert J. Warkala			Date of Receipt
Mailing Address 59 Harrowgate Dr.			02 21 2011
City Cherry Hill	State NJ	Zip Code 08003-1938	Transaction ID: 18919729
FEC ID number of contributing federal political committee.	C	00005-1936	Amount of Each Receipt this Period 160.00
Name of Employer Self-Employed	Occupation Podiatric	n Physician	
Receipt For: Primary General Other (specify)		Year-to-Date ▼ 320.00	
Full Name (Last, First, Middle Initial) Dr. Brenna Leigh Steinberg	Date of Receipt		
Mailing Address 21511 Sun Garden	0 2 2 2 2 2 1 1		
Cormontown	State MD	Zip Code	Transaction ID: 18920465
Germantown FEC ID number of contributing federal political committee.	C	20876-6941	Amount of Each Receipt this Period 500.00
Name of Employer Self-Employed	Occupation	n Physician	
Receipt For: Primary General Other (specify) ▼	·	Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Gregory T. Amarantos			Date of Receipt
Mailing Address 1291 Lawrence Ave	0 2 2 2 2 0 1 1		
City Lake Forest	State IL	Zip Code 60045-3639	Transaction ID: 18920518
FEC ID number of contributing federal political committee.	C	00043-3039	Amount of Each Receipt this Period 300.00
Name of Employer Amarantos Foot Center	Occupation Podiatric	n Physician	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 300.00	
SUBTOTAL of Receipts This Page (optional	.0		960.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 26 / 31 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports are or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Podiatric Medical Associ	ation Political Action Committee	son for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Dr. Elliott S. Lampert Mailing Address 1581 Brickell Ave. : City Miami FEC ID number of contributing federal political committee. Name of Employer Self-Employed	#702 State Zip Code FL 33129-1234 C Occupation Podiatric Physician	Date of Receipt O 2
Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial)	Aggregate Year-to-Date ▼	
Dr. David M. Schofield Mailing Address 1833 W. Water St. City Elmira FEC ID number of contributing federal political committee. Name of Employer Chemung Country Medical Society Receipt For: Primary General Other (specify)	#23 State Zip Code NY 14905-1836 C Occupation Podiatric Physician Aggregate Year-to-Date ▼ 300.00	Date of Receipt M M M
Full Name (Last, First, Middle Initial) Dr. Leonard F. Pinto, Jr. Mailing Address 7 Marie Cir. City Holbrook FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify)	State Zip Code MA 02343-1462 C Occupation Podiatric Physician Aggregate Year-to-Date 300.00	Date of Receipt M M D D Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (options	(ls	750.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 27/31 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using t	I Statements may not be sold or used by any personal he name and address of any political committee to	
NAME OF COMMITTEE (In Full) American Podiatric Medical Associa	tion Political Action Committee	
Full Name (Last, First, Middle Initial) Dr. Alan S. Lewis		Date of Receipt
Mailing Address 90 Keats Rd.		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 18920977
Basking Ridge	NJ 07920-2616	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer Self-Employed	Occupation Podiatric Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	300.00	
Full Name (Last, First, Middle Initial) Dr. Katherine Bailey		Date of Receipt
Mailing Address Bailey & Associates 1307 Washington St		02 / 22 / 2011
City	State Zip Code	Transaction ID: 18920980
<u>Oregon</u>	IL 61061-1022	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer Bailey & Associates	Occupation Podiatric Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	300.00	
Full Name (Last, First, Middle Initial) Dr. Jon A. Hultman		Date of Receipt
Mailing Address 2011 Thayer Ave.		0 2 D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 18920984
Los Angeles	CA 90025-5296	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Self-Employed	Occupation Podiatric Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate for each categ Detailed Sumr	ory of the (FOR LINE NUMBER: PAGE 28 / 31 (check only one) X 11a 11b 11c 12 12 13 14 15 16 11						
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	name and address of any polition	cal committee to so	for the purpose of soliciting contributions						
American Podiatric Medical Associatio	n Political Action Committe	ee 							
Full Name (Last, First, Middle Initial) Dr. Paul D. Weiner			Date of Receipt						
Mailing Address 6 Serena PI.			$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$						
City American Canyon	State Zip Code CA 94503-3150		Transaction ID: 18922127 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C	1	300.00						
Name of Employer Vallejo Foot & Ankle Clin- ic	Occupation Podiatric Physician								
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	300.00							
Full Name (Last, First, Middle Initial) Dr. Kim A. Halladay			Date of Receipt						
Mailing Address 803 Fox Run Dr.			02 24 2011						
City Tooele	State Zip Code UT 84074-8048		Transaction ID: 18922138 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C	1	500.00						
Name of Employer Tooele Foot Clinic	Occupation Podiatric Physician								
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼	500.00							
Full Name (Last, First, Middle Initial) Dr. Bradley Charles Haves			Date of Receipt						
Mailing Address 1609 N.W. 14th Ave.			02 28 2011						
City Miami	State Zip Code FL 33125-1619		Transaction ID: 18925641						
FEC ID number of contributing federal political committee.	FL 33125-1619		Amount of Each Receipt this Period 250.00						
Name of Employer Self-Employed	Occupation Podiatric Physician								
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	500.00							
SUBTOTAL of Receipts This Page (optional)		·····	1050.00						
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PAGE 29/31 FOR LINE NUMBER: SCHEDULE A (FEC Form 3X) Use separate schedule(s) (check only one) for each category of the **ITEMIZED RECEIPTS** 11a 11b 11c **Detailed Summary Page** 13 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Podiatric Medical Association Political Action Committee Full Name (Last, First, Middle Initial) Dr. S. Ronald Miller Date of Receipt Mailing Address 14 Courtleigh Pl. 02 25 2011 Zip Code City State Transaction ID: 18964802 Reading PA 19606-2941 Amount of Each Receipt this Period FEC ID number of contributing 300.00 C federal political committee. Name of Employer Berkshire Podiatry Center Occupation Podiatric Physician Receipt For: Aggregate Year-to-Date Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) Dr. Lieke T. Lee Date of Receipt Mailing Address 299 Lexington St. 0 2 28 2011 City State Zip Code Transaction ID: 18964803 <u>Auburndale</u> MA 02466-1211 Amount of Each Receipt this Period FEC ID number of contributing C 1051.00 federal political committee. Name of Employer Affiliates In Foot Care Occupation Podiatric Physician Receipt For: Aggregate Year-to-Date ▼ Primary General

1051.00

SUBTOTAL of Receipts This Page (optional)	•	1351.00
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Other (specify)

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TEMPER PLOPURE TO	Use separate schedule(s)	(check only	NUMBER: PAGE 31/31 one)
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 24 25 2 28a 28b 28c 29 3
Any Information copied from such Reports and Stator for commercial purposes, other than using the national NAME OF COMMITTEE (In Full) American Podiatric Medical Association	me and address of any political o		
Full Name (Last, First, Middle Initial) Braley For Congress Mailing Address PO Box 390			Transaction ID: 18913902 Date of Disbursement M
City Waterloo Purpose of Disbursement	State Zip Code IA 50704		Amount of Each Disbursement this Period
Candidate Name Rep. Bruce Braley		011 Category/ Type	
Office Sought: X House Disbute Senate President State: IA District: 01	Sement For: 2012 X Primary General Other (specify) ▼		
Full Name (Last, First, Middle Initial) Becerra for Congress Mailing Address P.O. Box 261060			Transaction ID: 18913906 Date of Disbursement 0 2 1 4 2 0 1 1
City Los Angeles Purpose of Disbursement	State Zip Code CA 90026	011	Amount of Each Disbursement this Period 1000.00
9 2	sement For: 2012 X Primary General Other (specify)	Category/ Type	
Full Name (Last, First, Middle Initial) Charles A. Gonzalez Congressional Cam	ıpaign		Transaction ID: 18920219 Date of Disbursement O 2
Mailing Address P.O. Box 83142 City Gaithersburg	State Zip Code MD 20883		Amount of Each Disbursement this Perio
Purpose of Disbursement Candidate Name Rep. Charlie A. Gonzalez		011 Category/ Type	2000.00
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SUBTOTAL of Disbursements This Page (optional	l)	b	4000.00
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